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Bib Data Sheet

CONFIRMATION NO. 1560

SERIAL NUMBER 09/930,494	FILING DATE 08/16/2001 RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. 1331-352
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/763,955 02/28/2001
 which is a 371 of PCT/US99/19725 08/31/1999
 which is a CIP of PCT/US99/19725 08/31/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/21/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 16	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

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TITLE

Compositions and methods for treatment of mitochondrial diseases

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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